



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-212 Wildland Fire Chain Saws

Nominations due May 1, 2012

Minimum number of students: 10

Maximum number of students: 20

COURSE DESCRIPTION: Wildland Fire Chain Saws, S-212, is an instructor-led course intended to be presented at the local level. The course lessons provide introduction to the function, maintenance and use of internal combustion engine powered chain saws, and their tactical wildland fire application. Field exercises support entry level training for firefighters with little or no previous experience in operating a chain saw, providing hands-on cutting experience in surroundings similar to fireline situations.

OBJECTIVES:

- List, define, and apply chain saw safety standards as required by OSHA and NWCG member agency manuals, handbooks and directives.
- Incorporate the approved use, maintenance, and function of personal protective equipment (PPE) in wildland fire chain saw applications.
- Identify basic chain saw parts nomenclature, maintenance, tuning, troubleshooting, and safety features.
- Demonstrate field maintenance tasks required for chain saw operation.
- Demonstrate the tactical application of chain saws in brushing, limbing, bucking, and falling for fireline construction and mop up operations.

DATES OF CLASSES:

May 22 @ 0800-May 24 @ 1700

PREREQUISITES:

Qualified as a firefighter type 2 (FFT2)
Current certification in Basic First Aid and CPR

LOCATION:

Spokane District BLM
1103 N. Fancher
Spokane, WA 99212

LEAD INSTRUCTOR:

Eric Riener

COURSE COORDINATOR:

Debbie Plummer (509) 536-1235

MAIL, E-MAIL, OR FAX REGISTRATIONS TO:

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Spokane, WA 99212
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Course Number S-212	Course Name Wildland Fire Chain Saws	PRIORITY ____ of ____
IQCS Session Number N/A	Course Location Spokane District BLM	Course Date(s) May 22-24
Course Tuition (if required) N/A	Course Coordinator Name (First Last) Debbie Plummer	Course Coordinator Phone Number (509) 536-1235
Course Coordinator E-Mail dplummer@blm.gov	Course Coordinator FAX Number (509) 536-1285	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City
Zip	Telephone	Zip
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		